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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 92717-00345USP1.001	
Application Number 10/690,257-Conf. #3421		Filed October 21, 2003	
For METHOD OF AND SYSTEM FOR RULES-BASED POPULATION OF KNOWLEDGE BASE USED FOR MEDICAL CLAIMS PROCESSING			
Art Unit 2129		Examiner B. J. Buss	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-2426</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/>		04/20/2007 SSANDARA 00000001 232426 10690257	
<input type="checkbox"/>		02 EC-1251 120.00 DA	
<input type="checkbox"/>		applicant/inventor. See 37 CFR 3.71.	
<input checked="" type="checkbox"/>		Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input type="checkbox"/>		attorney or agent of record. Registration Number <u>L0067</u>	
<input type="checkbox"/>		attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34 _____	
_____ Signature		_____ Date	
Shoaib A. Mithani Typed or printed name		(214) 745-5403 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 12, 2007

Signature: Toni Watkins (Toni Watkins)